

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

1

MONTHLY FINANCIAL REPORTING FORM

Submitted on 3/24/2004 2:34:46 PM

		1
1.	FOR THE MONTH ENDING:	February 29, 2004
2.	Name:	Dental Health Services
3.	File Number:(Enter last three digits) 933-0	059
4.	Date Incorporated or Organized:	June 1, 1982
5.	Date Licensed as a HCSP:	n/a
6.	Date Federally Qualified as a HCSP:	n/a
7.	Date Commenced Operation:	June 1, 1982
8.	Mailing Address:	3833 Atlantic Avenue, Long Beach, CA 90807
9.	Address of Main Administrative Office:	3833 Atlantic Avenue, Long Beach, CA 90807
10.	Telephone Number:	(562) 595-6000
11.	HCSP's ID Number:	
12.	Principal Location of Books and Records:	3833 Atlantic Avenue, Long Beach, CA 90807
13.	Plan Contact Person and Phone Number:	Godfrey Pernell, DDS, (562) 595-6000
14.	Financial Reporting Contact Person and Phone Number:	Mehdi Moussavi, (562) 595-6000
15.	President:*	Godfrey Pernell, DDS
16.	Secretary:*	Gary Pernell
17.	Chief Financial Officer:*	Mehdi Moussavi
18.	Other Officers:*	Robert Tillery - Vice President of Health Services
19.		
20.		
21.		
22.	Directors:*	Godfrey Pernell, DDS
23.		Gary Pernell
24.		Wayne Pernell
25.		
26.		
27.		
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30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.




32. President	Godfrey Pernell, DDS (please type for valid signature)
33. Secretary	signature required (please type for valid signature)
34. Chief Financial Officer	Mehdi Moussavi (please type for valid signature)
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. If this is a revised filing, check here and complete question 4 on Page 2:	<input type="checkbox"/>
36. If all dollar amounts are reported in thousands (000), check here	<input type="checkbox"/>

Check My Work.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

MONTHLY FINANCIAL REPORTING FORM

SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes 
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	Yes 
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No 
4.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

STATEMENT AS OF 2-29-2004 OF 933-0059 Dental Health Services

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	916,851
2. Short-Term Investments	1,189,795
3. Premiums Receivable - Net	344,870
4. Interest Receivable	2,852
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	61,151
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	155,333
10. Aggregate Write-Ins for Current Assets	93,800
11. TOTAL CURRENT ASSETS (Items 1 to 10)	2,764,652
OTHER ASSETS:	
12. Restricted Assets	450,000
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	700,649
17. Aggregate Write-Ins for Other Assets	8,989
18. TOTAL OTHER ASSETS (Items 12 to 18)	1,159,638
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	27,732
21. Computer Equipment - Net	43,517
22. Leasehold Improvements -Net	13,720
23. Construction in Progress	
24. Software Development Costs	90,520
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	175,489
27. TOTAL ASSETS	4,099,779
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001. Deferred Taxes	93,800
1002.	
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	93,800
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. Other Assets	8,989
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	8,989
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

STATEMENT AS OF 2-29-2004 OF 933-0059 Dental Health Services

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	549,225	XXX	549,225
2. Capitation Payable	53,135	XXX	53,135
3. Claims Payable (Reported)	5,000		5,000
4. Incurred But Not Reported Claims	162,000		162,000
5. POS Claims Payable (Reported)		381,000	381,000
6. POS Incurred But Not Reported Claims		286,000	286,000
7. Other Medical Liability			0
8. Unearned Premiums	227,821	XXX	227,821
9. Loans and Notes Payable		XXX	0
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	254,149	0	254,149
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	1,251,330	667,000	1,918,330
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)		XXX	0
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	488,700	XXX	488,700
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	488,700	XXX	488,700
19. TOTAL LIABILITIES	1,740,030	667,000	2,407,030
NET WORTH			
20. Common Stock	XXX	XXX	300
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	668,421
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	710,403
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	313,625
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	1,692,749
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	4,099,779
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. Retirement Plan Payable	254,149		254,149
1102.			0
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	254,149	0	254,149
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701. Deferred Taxes	488,700	XXX	488,700
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	488,700	XXX	488,700
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501. Unrealized Gain/(Loss) MKT Securities	XXX	XXX	313,625
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	313,625

STATEMENT AS OF 2-29-2004 OF 933-0059 Dental Health Services

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	893,729	8,671,602
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service		
7. Point-Of-Service (POS)	270,190	2,866,963
8. Interest	23,547	90,658
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	275	8,205
11. TOTAL REVENUE (Items 1 to 10)	1,187,741	11,637,428
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated	422,866	4,457,191
16. Primary Professional Services - Non-Capitated		
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated	309,673	2,707,523
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	149,469	1,491,337
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	882,008	8,656,051
Administration		
25. Compensation	105,267	1,122,440
26. Interest Expense		
27. Occupancy, Depreciation and Amortization	30,554	328,865
28. Management Fees		
29. Marketing	83,770	870,317
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	65,200	593,977
32. TOTAL ADMINISTRATION (Items 25 to 31)	284,791	2,915,599
33. TOTAL EXPENSES	1,166,799	11,571,650
34. INCOME (LOSS)	20,942	65,778
35. Extraordinary Item		
36. Provision for Taxes		
37. NET INCOME (LOSS)	20,942	65,778
NET WORTH:		
38. Net Worth Beginning of Period	1,643,376	1,475,934
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	20,942	65,778
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	0	0
48. Aggregate Write-Ins for Changes in Other Net Worth Items	28,431	151,037
49. NET WORTH END OF PERIOD (Items 38 to 48)	1,692,749	1,692,749

STATEMENT AS OF 2-29-2004 OF 933-0059 Dental Health Services

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001. Other Income	275	8,205
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	275	8,205
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301. Other Medical Expenses	149,469	1,491,337
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	149,469	1,491,337
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. Other Expenses	65,200	593,977
3102.		
3103.		
3104.		
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	65,200	593,977
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801. Unrealized Gain/(Loss) MKT Securities	28,431	151,037
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	28,431	151,037

REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	1,095,681	11,467,471
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues	26,269	328,754
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	-843,360	-8,565,746
8. Administration Expenses	-280,601	-2,827,407
9. Federal Income Taxes Paid		
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	-2,011	403,072
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments		
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments	-1	-342,675
17. Payments for Property, Plant and Equipment	-1,802	-24,463
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-1,803	-367,138
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	0	0
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-3,814	35,934
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH	920,665	880,917
29. CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH	916,851	916,851
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	20,942	65,778
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	5,582	52,711
32. Decrease (Increase) in Receivables	-74,651	-23,023
33. Decrease (Increase) in Prepaid Expenses	-13,873	-9,762
34. Decrease (Increase) in Affiliate Receivables	-2,833	222,264
35. Increase (Decrease) in Accounts Payable	-28,356	-168,632
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	68,000	257,000
37. Increase (Decrease) in Unearned Premium	6,413	-48,070
38. Aggregate Write-Ins for Adjustments to Net Income	16,765	54,806
39. TOTAL ADJUSTMENTS (Items 31 through 38)	-22,953	337,294
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	-2,011	403,072
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801. Retirement Plan Payable	7,185	71,850
3802. Other Receivable	5,279	7,626
3803. Accrued Wages	4,301	-25,363
3898. Summary of remaining write-ins for Item 38 from overflow page		693
3899. TOTALS (Items 3801 thru 3803 plus 3898)	16,765	54,806

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REPORT #4: ENROLLMENT AND UTILIZATION TABLE**TOTAL ENROLLMENT**

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	70,365	2,979	2,823	70,521	70,521			0		0	
2. Medicare Risk				0				0			
3. Medi-Cal Risk				0				0			
4. Individual	3,114	0	22	3,092	3,092			0		0	
5. Point of Service	10,319	0	254	10,065	10,065			0		0	
6. Aggregate write-ins for Other	0	0	0	0	0	0	0	0	0		
7. Total Membership	83,798	2,979	3,099	83,678	83,678	0	0	0	0	0	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families				0				0			
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
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Summary of remaining write-ins for											
698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus											
699. 698) (Line 6 above)	0	0	0	0	0	0	0	0	0		

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NOTES TO FINANCIAL STATEMENTS	
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OVERFLOW PAGE FOR WRITE-INS	
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STATEMENT AS OF 2-29-2004 OF 933-0059 Dental Health Services

KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2

		1		2
1.	Net Equity		\$	1,692,749
2.	Add: Subordinated Debt		\$	
3.	Less: Receivables from officers, directors, and affiliates		\$	855,982
4.	Intangibles		\$	
5.	Tangible Net Equity (TNE)		\$	836,767
6.	Required Tangible Net Equity (See Below)		\$	452,806
7.	TNE Excess (Deficiency)		\$	383,961
		Full Service Plans		Specialized Plan
A.	Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$ 50,000
B. REVENUES:				
8.	2% of the first \$150 million of annualized premium revenues	\$	2% of the first \$7.5 million of annualized premium revenue	\$ 150,000
	Plus		Plus	
9.	1% of annualized premium revenues in excess of \$150 million	\$	1% of annualized premium revenue in excess of \$7.5 million	\$ 63,463
10.	Total	\$ 0	Total	\$ 213,463
C. HEALTHCARE EXPENDITURES:				
11.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ 452,806
	Plus		Plus	
12.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$
	Plus		Plus	
13.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$
14.	Total	\$ 0	Total	\$ 452,806
15.	Required "TNE" - Greater of "A" "B" or "C" \$		Required "TNE" - Greater of "A" "B" or "C" \$	452,806

**KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64**

POINT OF SERVICE (POS) "ADJUSTED" TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

	1
1. Net Equity	\$ 1,692,749
2. Add: Subordinated Debt	\$
3. Less: Receivables from officers, directors, and affiliates	\$ 855,982
4. Intangibles	\$
5. Tangible Net Equity (TNE)	\$ 836,767
6. Required Tangible Net Equity (From Line 18 below)	\$ 515,098
7. TNE Excess (Deficiency)	\$ 321,669
ADJUSTED REQUIRED MINIMUM TANGIBLE NET EQUITY CALCULATION:	
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):	
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$
10. Add lines 8 and 9	\$ 0
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):	
<u>PART A</u>	
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 15)	\$ 143,490
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$ 371,608
13. Add lines 11 and 12	\$ 515,098

STATEMENT AS OF 2-29-2004 OF 933-0059 Dental Health Services

POS WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text" value="882,009"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text" value="422,866"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text" value="309,673"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="149,470"/>
5. Annualized	<input type="text"/>	<input type="text" value="1,793,628"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text" value="1,793,628"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="143,490"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text" value="1,793,628"/>
9. Line 8 less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="143,490"/>

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